

# Simplified Motion to Change Child Support

## (Monterey County Department of Child Support Services cases)

You can use this packet to file a request to change the child support because income has changed. This packet includes the (1) Simplified Motion and (2) Simplified Financial Statement and it is designed to be used for cases involving County of Monterey Child Support which are heard at our Marina courthouse. **Your child support cannot be modified retroactively, and any changes would only be able to start as of the date you file and serve your court motion to modify the amount.**

See the Instructions on page 4 of the packet to see if you can use the simple version – it **does not apply if you are earning any money right now as a self-employed person.** *If you don't qualify, you can still use the motion but you will need to use the Income & Expense Form (FL-150) instead of the Simplified Financial Statement.*

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Case Number: \_\_\_\_\_

Case Name: *(look at your court paperwork for name)*

Petitioner (County or parent who started the case): \_\_\_\_\_

Respondent: \_\_\_\_\_

Other Parent (if County started the case): \_\_\_\_\_

What is your role in the case?     Petitioner     Respondent     Other Parent

### Instructions:

1. Fill out the forms & print. Sign & date where indicated – page 1, page 4. Keep a copy for yourself (or save).
2. File all of the papers with the Court:
  - a. By Mail to Monterey Court, 1200 Aguajito Road, Monterey, CA 93940
  - b. In Drop Boxes at our courthouses
3. The Clerk will assign you a court date.
4. Until further notice, the Clerk will ask the Self Help Center to serve the parties for you. The Self Help Center will mail you back a copy of your motion and proof of service.

|  |                        |                           |
|--|------------------------|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to FC §§ 17400, 17406) (Name, State Bar Number, and Address):<br><br>  | TELEPHONE NO.:<br><br> | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:  |                        |                           |
| PETITIONER/PLAINTIFF:<br><br>RESPONDENT/DEFENDANT:<br><br>OTHER PARENT:  |                        |                           |
| <b>NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR</b> <input type="checkbox"/> <b>CHILD SUPPORT</b> <input type="checkbox"/> <b>SPOUSAL SUPPORT</b> <input type="checkbox"/> <b>FAMILY SUPPORT</b> |                        |                           |
|  |                        | CASE NUMBER:              |

TO (name):

1. A hearing on this motion for the relief requested below will be held as follows:

|          |       |        |       |
|----------|-------|--------|-------|
| a. Date: | Time: | Dept.: | Room: |
|----------|-------|--------|-------|

b. Address of court:  same as noted above  other (specify):

2. I am requesting the court to change the amount currently payable by  
 petitioner/plaintiff  respondent/defendant  other parent to the following:

a.  child support pursuant to the California child support guideline commencing (date):

b.  spousal support of: \$ \_\_\_\_\_ per month beginning (date):

c.  family support of: \$ \_\_\_\_\_ per month beginning (date):

or such other sums as may be appropriate pursuant to applicable guidelines.

3. I am requesting issuance of modified earnings assignment.

4.  I am requesting the court to order the  petitioner/plaintiff  respondent/defendant  other parent to provide health insurance coverage for the children as obligated by law, and to issue a Health Insurance Coverage Assignment (form FL-470).

5. (Check whichever statements are true, if any)

a.  An application for public assistance (TANF) for the children is pending in (county name): \_\_\_\_\_ County.

b.  The children are receiving public assistance from (county name): \_\_\_\_\_ County.

c.  This request is made by the governmental agency providing support enforcement services in this action.

6. This request is based on

a. the attached completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150) for the applicant.

b.  a significant change in the income of  petitioner/plaintiff  respondent/defendant  other parent

c.  the attached guideline support calculation sheet.

d.  other (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

|                      |                              |
|----------------------|------------------------------|
| (TYPE OR PRINT NAME) | <br>(SIGNATURE OF DECLARANT) |
|----------------------|------------------------------|

|   |              |
|---|--------------|
| PETITIONER/PLAINTIFF:<br><br>RESPONDENT/DEFENDANT:<br><br>OTHER PARENT: | CASE NUMBER: |
|---|--------------|

**PROOF OF SERVICE**

The *Notice of Motion and Motion* must be served on the other party. If the action was brought by the local child support agency, the local child support agency is enforcing the order, or the children are receiving TANF, the *Notice of Motion and Motion* must also be served on the local child support agency of the county where the action is filed. Service of the motion on the local child support agency and other party may be made by anyone at least 18 years EXCEPT you. Service is made in one of the following ways:

(1) Personally delivering it to the office of the local child support agency and to the other party.

OR

(2) Mailing it, postage prepaid, to the office of the local child support agency, and to the last known address of the other party.

Anyone at least 18 years of age EXCEPT A PARTY in this action may personally serve or mail the motion. Be sure whoever served the motion fills out and signs this proof of service. The *Notice of Motion and Motion* cannot be filed with the court until the local child support agency and the other party (or attorney) are served and this proof of service is properly completed. If this motion is brought after judgment has been entered in the case, service must be made on the party and not the attorney for the party.

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of the foregoing *Notice of Motion and Motion* as follows (check either a. or b. below for each person served):
  - a.  **Personal service.** I personally delivered a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* and all attachments as follows:
 

|  |   |
|--|---|
| <input type="checkbox"/> (1) Name of party or attorney served: | <input type="checkbox"/> (2) Name of local child support agency served: |
| (a) Address where delivered:                                   | (a) Address where delivered:  |
| (b) Date of delivery:  | (b) Date of delivery:   |
| (c) Time of delivery:  | (c) Time of delivery:   |
  - b.  **Mail.** I deposited a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) and all attachments in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:
 

|  |   |
|--|---|
| <input type="checkbox"/> (1) Name of party or attorney served: | <input type="checkbox"/> (2) Name of local child support agency served: |
| (a) Address:   | (a) Address:  |
| (b) Date of mailing:   | (b) Date of mailing:  |
| (c) Time of mailing:   | (c) Time of mailing:  |

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

|                               |  |
|-------------------------------|--|
| _____<br>(TYPE OR PRINT NAME) | _____<br>(SIGNATURE OF PERSON WHO SERVED MOTION) |
|-------------------------------|--|



|   |              |
|---|--------------|
| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT: | CASE NUMBER: |
|---|--------------|

10. My estimate of the other party's gross monthly income (*before taxes*) is ..... \$ \_\_\_\_\_
11. My current spouse's monthly income (*before taxes*) is ..... \$ \_\_\_\_\_
12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).
13.  I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

|                          |                      |                          |
|--------------------------|----------------------|--------------------------|
| (TYPE OR PRINT NAME)     |                      | (SIGNATURE OF DECLARANT) |
| <input type="checkbox"/> | PETITIONER/PLAINTIFF | <input type="checkbox"/> |
|                          |                      | RESPONDENT/DEFENDANT     |

### INSTRUCTIONS

**Step 1: Are you eligible to use this form?** *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as TANF, GR, or GA)
  - Interest
  - Salary or wages
  - Workers' compensation
  - Disability
  - Social security
  - Unemployment
  - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

**Step 2: Make 2 copies of each of your pay stubs for the last two months.** If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

**Step 3: Make 2 copies of your most recent federal income tax form.**

**Step 4: Complete this form with the required information.** Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

**Step 5: Make 2 copies of each side of this completed form and any attached pages.**

**Step 6: Serve a copy on the other party.** Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

**Step 7: File the original with the court.** Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

**Step 8: Keep the remaining copies of the documents for your file.**

**Step 9: Take the copy of your latest federal income tax return to the court hearing.**

**It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.**

|                       |              |
|-----------------------|--------------|
| SHORT TITLE:<br><hr/> | CASE NUMBER: |
|-----------------------|--------------|

**ATTACHMENT** (Number): \_\_\_\_\_

*(This Attachment may be used with any Judicial Council form.)*

*(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)*

Page \_\_\_\_\_ of \_\_\_\_\_

*(Add pages as required)*

|   |                           |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br><br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>E-MAIL ADDRESS (Optional): _____<br>ATTORNEY FOR (Name): _____ | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:   |                           |
| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:  |                           |
| <b>PROOF OF SERVICE BY FIRST-CLASS MAIL—CIVIL</b>   | CASE NUMBER: _____        |

**(Do not use this Proof of Service to show service of a Summons and Complaint.)**

1. I am over 18 years of age and **not a party to this action**. I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
  
3. On (date): \_\_\_\_\_ I mailed from (city and state): \_\_\_\_\_  
 the following **documents** (specify):

The documents are listed in the *Attachment to Proof of Service by First-Class Mail—Civil (Documents Served)* (form POS-030(D)).

4. I served the documents by enclosing them in an envelope and (check one):
  - a.  **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
  - b.  **placing** the envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
5. The envelope was addressed and mailed as follows:
  - a. **Name** of person served:
  - b. **Address** of person served:

The name and address of each person to whom I mailed the documents is listed in the *Attachment to Proof of Service by First-Class Mail—Civil (Persons Served)* (POS-030(P)).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
 (TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM) (SIGNATURE OF PERSON COMPLETING THIS FORM)